

## **Slide 1: When Evidence-Based Recommendations Collide With Conventional Wisdom: Lessons in Communication Learned by the U.S. Preventive Services Task Force**

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### **Slide 2: A Recent Controversy**

“Those PSA [prostate-specific antigen] blood tests that check for prostate cancer do more harm than good and healthy men should no longer receive them as part of routine cancer screening, a government panel [the U.S. Preventive Services Task Force] is recommending.”

People who read this message, published in USA Today in 2011, may have wondered:

- Who are these people?
- What were they thinking?

### **Slide 3: U.S. Preventive Services Task Force**

- Was established in 1984 to make recommendations for clinical preventive services to primary care clinicians
- Is an independent panel of non-Federal, voluntary experts in prevention and evidence-based medicine
- Makes recommendations based on a rigorous analysis of existing peer-reviewed evidence
  - Does not conduct the research studies, but reviews and assesses existing research
  - Evaluates the balance of benefits and harms of each service
  - Does not make recommendations when the evidence is insufficient in quality or quantity

### **Slide 4: Balance of Benefits and Harms**

Benefits – Harms = Net Benefit

## Slide 5: U.S. Preventive Services Task Force Grades of Recommendations

Certainty of Net Benefit	Magnitude of Net Benefit			
	Substantial	Moderate	Small	Zero/Negative
High	A	B	C	D
Moderate	B	B	C	D
Low	Insufficient (I Statement)			

## Slide 6: U.S. Preventive Services Task Force Recommendation Grades

Grade	Definition
<b>A</b>	The U.S. Preventive Services Task Force (USPSTF) recommends the service. There is high certainty that the net benefit is substantial.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial.
<b>C</b>	<i>Note: The following statement is undergoing revision.</i> Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
<b>I Statement</b>	The USPSTF concludes that current evidence is insufficient to assess the balance of benefits and harms of the service.

## Slide 7: The Mammography Firestorm

- This was a sentinel event in the history of the U.S. Preventive Services Task Force.
- Time is divided into two periods:
  - Before mammography
  - After mammography
- As one Task Force member noted, "This was ugly. Very ugly. Very, very ugly."

### **Slide 8: Why the Firestorm About Mammography?**

- Members of the U.S. Preventive Services Task Force (USPSTF) lacked awareness.
- The history of previous USPSTF recommendations went unnoticed.
- The timing of the release, which coincided with deliberations of the Patient Protection and Affordable Care Act in Congress.

### **Slide 9: The Mammography Firestorm: Lack of Awareness**

- At its creation in 1984, the U.S. Preventive Services Task Force (USPSTF) was intentionally insulated from politics.
- The USPSTF is supported by the Federal government but works at arm's length to promote honest assessments of preventive services.
- USPSTF members are clinicians who are selected for their scientific knowledge about primary care and prevention but who have little background in policy making.
- In making recommendations, previous recommendations often went unnoticed.
  - The 2009 USPSTF recommendations for screening mammography was largely the same as the 2002 USPSTF recommendations, which no one noticed.

### **Slide 10: The Mammography Firestorm: Timing**

- The Patient Protection and Affordable Care Act contains the following language:
  - [Investment in prevention]...shall not impose any cost sharing requirements for Evidence-based items or services that have...a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force.
- The mammography recommendation of the U.S. Prevention Services Task Force was published just as the Act was being considered in Congress.

### **Slide 11: The Mammography Firestorm: Immediate Aftermath**

- The U.S. Preventive Services Task Force (USPSTF) was bombarded by the news media with no structured support.
- Death threats were received.
- The Agency for Healthcare Research and Quality was not prepared nor able to assist.
- There was no financial support for a response.
- USPSTF members had no media experience or preparation for live interviews.
  - public relations firm in Washington, DC, ultimately assisted the USPSTF on a pro bono basis.

## **Slide 12: The Mammography Firestorm: Outcomes**

- Greater situational awareness
- Greater recognition of who the audience is
- Increased transparency
- Greater engagement with partners and fellow travelers
- Communication strategies for specific recommendations
- Fostered relationships with the media

## **Slide 13: The Mammography Firestorm: Situational Awareness**

- The role of the U.S. Preventive Services Task Force (USPSTF) is no longer advisory alone.
  - Language in the Patient Protection and Affordable Care Act suddenly gives the USPSTF power over coverage for preventive services.
- In a limited way, A and B recommendations require first-dollar coverage. The Act is silent on C and I recommendations, and can (but is not required to) cover D recommendations.
- Advocacy groups, legislators, and insurance companies all now have a burning interest in the work of the USPSTF.
- Hence: the media cares
  - Controversy makes a better story than advice

## **Slide 14: Who Is Our Audience?**

- The original audience of the U.S. Preventive Services Task Force (USPSTF) was primary care clinicians.
  - USPSTF recommendations were crafted with language appropriate for this audience.
- The new audience of the USPSTF is policy makers, payers, legislators, lobbyists, specialists, advocacy groups, and the public.
  - way to communicate with this new audience is needed.

## **Slide 15: Transparency: Opportunities for Public Input**

This slide presents a flow chart indicating the steps that a topic goes through in the development to the publication of a final recommendation statement

## **Slide 16: Engaging Our Partners**

- Official partner organizations
  - Federal agencies
  - Primary care professional organizations
- Representatives of the public
  - Consumers Union

- Others
- Fellow travelers
  - American Cancer Society
  - American Heart Association
  - Others

### **Slide 17: Tactics for Communicating Recommendations**

- Involvement of communications specialists
- “Top Line” messaging for each recommendation
  - Increased clarity of message
- Media training
- Assigned, trained spokespersons

### **Slide 18: Media Familiarity**

- Active media monitoring
  - Daily, monthly
  - General and topic-specific
- Foster relationships with the media
  - Media training for U.S. Preventive Services Task Force members
  - Training of the media (e.g., Rocky Mountain Workshop, Medicine and the Media, Massachusetts Institute of Technology Media Boot Camp)
  - Media tours (Washington, DC, and New York City)

### **Slide 19: Was This the Forest Fire in Yellowstone?**

- Like the forest fire in Yellowstone, the mammography firestorm caused profound devastation. However:
  - Not one member of the U.S. Preventive Services Task Force (USPSTF) bolted (even if they should have).
- Stands as a testament to the mutual respect for colleagues and belief in the work
- Removed a lot of misconceptions
- Moved the USPSTF forward very quickly to a better place
  - Our audience is the public.
  - Communication is not an afterthought.
  - We have to partner with the media.